



Town of Granby Building Department

Carissa M. Lisee
Building Commissioner
10B West State Street
Granby, MA 01033

Phone: (413) 467-7179 Fax: (413) 467-2080

Application for a Permit to Construct, Repair, Renovate or Demolish a Sign

Date: _____

Permit Number: _____

TYPE OF SIGN

Marquee _____ ☐
Projecting _____ ☐
Roof _____ ☐
Temporary _____ ☐
Wall _____ ☐
Other _____ ☐

PERMIT TO:

Repainting _____ ☐
Removal _____ ☐
New _____ ☐
Alteration _____ ☐
Repair _____ ☐

Special Permit Required: Yes ☐ No ☐

Date granted: _____

1. LOCATION OF SIGN: _____

2. Owner's Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone Number: _____

3. Maker's Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone Number: _____

4. Erector's Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone Number: _____

SIGN INFORMATION

1. Sign will be (check one): illuminated ☐ non- illuminated ☐
2. Will sign obstruct a fire escape, window or door? Yes ☐ No ☐
3. Lower edge will be: _____ Feet _____ Inches above grade.
4. Upper edge will be: _____ Feet _____ Inches above grade.
5. Height of sign: _____ Feet _____ Inches Width of sign: _____ Feet _____ Inches
6. Face area of sign: _____ Sq. Feet
7. Inner edge will be _____ Inches from the building. Outer edge will be _____ Inches from the building.
8. Face of building is _____ Feet back from the street line.
9. Sign will project _____ Inches beyond the street line.
10. Sign will extend _____ Feet _____ Inches above the building.
11. Will the sign be constructed entirely of incombustible materials? Yes ☐ No ☐
12. Sign will weigh: _____ Pounds.
13. Will the sign conform to the ordinances of the Town of Granby? Yes ☐ No ☐

The undersigned certifies that the above information is true to the best of his knowledge and belief.

Signature of Applicant: _____ Date: _____

Note: In order that this application may be accepted, the data called for above must be set forth CLEARLY and FULLY.



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



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www.granby-ma.gov

LOCATION OF DEMOLITION DEBRIS

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

(Location of Facility)

Signature of Permit Applicant

Date

**TOWN OF GRANBY
BUILDING DEPARTMENT**

**REQUEST TO COLLECTOR'S OFFICE
FOR VERIFICATION OF PAYMENTS**

PROPERTY LOCATION: _____

PARCEL ID: _____

OWNER'S NAME: _____

PLEASE CHECK ONE:

☐ BUILDING ☐ SIGN PERMIT ☐ ELECTRICAL ☐ PLUMBING

PERSON REQUESTING PERMIT:

NAME: _____

ADDRESS: _____

COLLECTOR'S OFFICE ENTRY

REMARKS: _____

REPORTED BY: _____ **DATE:** _____